


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **709924** (5)  
1. Corporation Name  
**FIRST BAPTIST CHURCH OF HAINES CITY, INC.**



Principal Place of Business <b>2250 STATE ROAD 17 SOUTH HAINES CITY FL 33844</b>	Mailing Address <b>2250 STATE ROAD 17 SOUTH HAINES CITY FL 33844</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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3. Date Incorporated or Qualified <b>11/16/1965</b>		
4. FEI Number <b>59-6159644</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**BRADBURY, ROBERT K.  
159 BEVERLY DRIVE, SE  
WINTER HAVEN FL 33884**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Doyle Copeland DATE **4-1-98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>PD</b>	
NAME	<b>SIMS, KERMIT</b>	
STREET ADDRESS	<b>415 DYSON RD.</b>	
CITY-ST-ZIP	<b>HAINES CITY FL</b>	
TITLE	<b>D</b>	
NAME	<b>COPELAND, DOY</b>	
STREET ADDRESS	<b>B. MOORE ROAD</b>	
CITY-ST-ZIP	<b>HAINES CITY FL</b>	
TITLE	<b>SD</b>	
NAME	<b>BRADBURY, ROBERT K.</b>	
STREET ADDRESS	<b>159 BEVERLY DR, SE</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	<b>D</b>	
NAME	<b>MAYBERRY, CHARLES</b>	
STREET ADDRESS	<b>OLD LAKE WILSON RD.</b>	
CITY-ST-ZIP	<b>LOUGHMAN FL</b>	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Doyle Copeland DATE: **4-1-98** 941-422-4488

CR2E037 (10/97)